

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011218

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

1569

STATE FILE NUMBER

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Jackson County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

19 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

Inside Limits

Yes ☐ No ☐

c. CITY

Kansas City 13

OR TOWN

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

d. STREET ADDRESS

1220 Stratford Rd

3. NAME OF DECEASED
(Type or print)

Buford

First

Middle

e. Mullin

Last

4. DATE OF DEATH

Month

Mar

Day

17

Year

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-17-96

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10b. KIND OF BUSINESS OR INDUSTRY

Nat Harvester Co

11. BIRTHPLACE (City and state or country)

MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry J. Mullin

13b. MOTHER'S MAIDEN NAME

May J. Cornett

14. NAME OF HUSBAND OR WIFE

Celeste Mullin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes

W. W. 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Celeste Mullin 1220 Stratford Rd.

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

45 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar 1, 1962 to Mar 17, 1962 and last saw her alive on Mar 17, 1962

Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Print name or title)

William F. Sanders M.D.

22b. ADDRESS

411 Nichols Rd, K.C. Mo.

22c. DATE SIGNED

3/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-19-62

23c. NAME OF CEMETERY OR CREMATORY

Clinton

23d. LOCATION (City, town, or county)

Clinton Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure K.C. MO.

25. DATE REC'D. BY LOCAL REG.

3-19-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

William F. Sanders M.D.

APR 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Orville Robinson

Licensed Embalmer No. 4232

P. O. Address B.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.